

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		3				
9		3				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1	2				
22	1					
23	1					
24	1					
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		3				
33		3				
34		3				
35		3				
36	1					
37	1					
38	1					
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		3				
46		3				
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	58					
TOTAL CLAIMS	68					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						